

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/ 576148

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT				AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/						51					
2				/					52					
3									53					
4			/						54					
5									55					
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45									95					
46									96					
47									97					
48									98					
49									99					
50									100					
TOTAL IND.			↓		2	↓								
TOTAL DEP.			←		10	←								
TOTAL CLAIMS					12									

TOTAL IND.			↓											
TOTAL DEP.			←											
TOTAL CLAIMS														